Case 17-41491-btf13 Doc 20 Filed 07/19/17 Entered 07/19/17 16:27:35 Desc Main

		17/1/11/11		+			
Fill in this information to identify your case:							
Debtor 1	Eric Eugene Knoll	Eric Eugene Knoll					
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		WESTERN DISTRICT	OF MISSOURI				
Case number	17-41491-abf13						
(if known)							

■ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	220,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	7,760.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	227,760.00
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	178,500.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	900.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	6,960.37
	Your total liabilities	\$	186,360.37
Pa	tt 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,400.62
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,021.00
⊃a	Answer These Questions for Administrative and Statistical Records		
ô.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	submit this form to

the court with your other schedules.

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Debtor 1 Eric Eugene Knoll Page 2 of 34 Case number (if known) 17-41491-abf13

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,886.44

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	900.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	900.00

	Case	e 17-41491-btf1	3 Doc 20		iled 07/19/ cument	17 Ente		.9/17 16	:27:35	Desc Main
Fill	in this info	ormation to identify yo	our case and thi			F AUC. 3	11.34			
Deb	otor 1	Eric Eugene Kr	noll	Name		Last Name				
	otor 2 ouse, if filing)	First Name	Middle	Name		Last Name				
Uni	ted States I	Bankruptcy Court for the	e: WESTERN	DISTR	ICT OF MISSO	URI				
Cas	se number	17-41491-abf13								Check if this is an amended filing
SC n ea hink	chedu ach category k it fits best.	orm 106A/B Ile A/B: Pro , separately list and deso Be as complete and acc ore space is needed, attr	cribe items. List a	. If two	married people	are filing toget	ther, both are	equally respo	nsible for su	pplying correct
Ansv	wer every qu		-					, . y .		
. D	o you own o	r have any legal or equit	able interest in ar	ny resid	lence, building, l	and, or similar	property?			
	No. Go to F	Part 2.								
	Yes. Wher	e is the property?								
						_				
1.1	608 Ove	rlook Drive		What	t is the property?	•	oply			
		ss, if available, or other descrip	rtion		Single-family ho Duplex or multi- Condominium o	-unit building		the amount	of any secured	ims or exemptions. Put diclaims on Schedule D: as Secured by Property.
	Raymore	e MO 6	64083-0000 ZIP Code					Current val entire prop \$22		Current value of the portion you own? \$220,000.00
				□ Who	Other has an interest i	in the property	? Check one	(such as fe	e simple, tena e), if known.	our ownership interest ancy by the entireties, or
	Cass			_						
	County					the debtors and u wish to add		(see inst	tructions)	munity property
					,					

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$220,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) 17-41491-abf13 Debtor 1 Eric Eugene Knoll 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Tovota Make: Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put Tundra VS SR5 Double the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Cab Debtor 1 only Model: Year 2004 Debtor 2 only Current value of the Current value of the Approximate mileage: 236,612+ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another VIN = 5TBDT441X45450883 \$3,000,00 \$3.000.00 ☐ Check if this is community property (see instructions) Wreck and not repaird (repair estimate was \$6,000) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one Make: Sea Ray Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 16' boat with trailer Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 1986 Year: Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Does not run - no motor (motor is \$300.00 \$300.00 ☐ Check if this is community property torn down and needs lots of new (see instructions) parts), wood rot, etc. 4.2 Make: Who has an interest in the property? Check one Unknown Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 6' x 12' utility trailer Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Year: 2004 Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$200.00 \$200.00 ☐ Check if this is community property (see instructions) 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$3.500.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Household goods, furnishings, wall hangings, knick knacks, yard tools, \$2,500.00 and equipment, etc.

Official Form 106A/B Schedule A/B: Property page 2 Case 17-41491-btf13 Doc 20 Filed 07/19/17 Entered 07/19/17 16:27:35 Desc Main Document Page 5 of 34 Case number (if known) 17-41491-abf13

0	Elic Eugel	e Kholi	17-41491-abit3
7.		s and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music c cell phones, cameras, media players, games	ollections; electronic devices
	Yes. Describe		
		3 TVs, laptop computer (6 years old), printer (old), DVD player, smart phone, surround sound system (8 years old), etc.	\$600.00
8.	other colle	nd figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, ctions, memorabilia, collectibles	or baseball card collections;
9.	☐ Yes. Describe Equipment for sports Examples: Sports, ph musical in ☐ No ☐ Yes. Describe	otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
		Misc. fishing gear	\$400.0
	■ No □ Yes. Describe Clothes	fles, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, accessories	
		Wearing apparel, clothing and shoes.	\$75.0
12.	. Jewelry Examples: Everyday □ No ■ Yes. Describe	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g	old, silver
		Misc. "other" jewelry	\$5.00
13.	. Non-farm animals Examples: Dogs, ca No Yes. Describe	ts, birds, horses	
14.	Any other personal■ No□ Yes. Give specific	and household items you did not already list, including any health aids you did not list information	
15	5. Add the dollar val	ue of all of your entries from Part 3, including any entries for pages you have attached at number here	\$3,580.00
	art 4: Describe Your Fir		
D	o you own or have an	y legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured

Official Form 106A/B

claims or exemptions.

Case 17-41491-btf13 Doc 20 Filed 07/19/17 Entered 07/19/17 16:27:35 Desc Main Document Page 6 of 34 Case number (if known) 17-41491-abf13

D	entor i Eric Eugene	e Knoli	Case number (if known)	17-41491-abt13
16.	□ No	•	our home, in a safe deposit box, and on hand when you file your petition	ı
			Cash on hand	\$40.00
17.			al accounts; certificates of deposit; shares in credit unions, brokerage ho counts with the same institution, list each.	uses, and other similar
	■ Yes		Institution name:	
		17.1. Checking	US Bank	\$600.00
		17.2. Savings	US Bank	\$40.00
18.	■ No		with brokerage firms, money market accounts	
19.	 Non-publicly traded s joint venture No □ Yes. Give specific in 	stock and interests in i	ncorporated and unincorporated businesses, including an interest i	n an LLC, partnership, and
20.	Negotiable instrument	.ts include personal chec ments are those you car	r negotiable and non-negotiable instruments ks, cashiers' checks, promissory notes, and money orders. anot transfer to someone by signing or delivering them.	
21.	. Retirement or pensio Examples: Interests in □ No		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing pl	ans
	Yes. List each accou	unt separately. Type of account:	Institution name: ERISA qualfied retirement through Union of Operators and Engineers (Local 101).	\$0.00
			ERISA qualfied retirement through Union of Operators and Engineers (Local 841 - Terre Haute, Indiana).	\$0.00
22.		sed deposits you have m	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications companie	es, or others
	Yes		Institution name or individual:	
23.	■ No	for a periodic payment of	of money to you, either for life or for a number of years)	

page 4

		Case 17-4	11491-btf13		Filed 07/19 Document)/17 Da	Entered 07/1	19/17 16:27:35	Desc Main
De	ebtor 1	Eric Eug	ene Knoll		Document	ı a	Case	e number (if known) 17	-41491-abf13
	26 U. ■ No	S.C. §§ 530(b))(1), 529A(b), and 5	529(b)(1).		ogram,		ed state tuition progra	
	■ No)	or future interests		other than anythi	ng liste	d in line 1), and rig	hts or powers exercis	able for your benefit
	Exa ■ No	mples: Interne	ts, trademarks, tra t domain names, w iic information abou	ebsites, procee					
	Exa ■ No	<i>mples:</i> Building	ses, and other ger g permits, exclusive	e licenses, coo		on holdi	ngs, liquor licenses,	professional licenses	
M	oney (or property ov	ved to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	-		t them, includir	ng whether you alre	eady file	ed the returns and th	e tax years	
	Exa ■ No	,)	ue or lump sum alim	nony, spousal s	support, child supp	oort, ma	intenance, divorce s	ettlement, property sett	lement
	Exa	<i>mples:</i> Unpaid benefit	meone owes you wages, disability ir s; unpaid loans you	nsurance paym		nefits, s	ick pay, vacation pay	y, workers' compensati	on, Social Security
	Exa ■ No)		•	Ü	(HSA);	credit, homeowner's	, or renter's insurance	
	ш 16	s. Name the ii	Compan		and list its value.		Beneficiary:		Surrender or refund value:
	If you	ou are the bene neone has died o					e policy, or are curre	ently entitled to receive	property because
33.	Exa ■ No	mples: Accider	ird parties, whethents, employment dis				ade a demand for p	oayment	
	Othe No	er contingent		claims of ever	y nature, includir	ng cour	nterclaims of the de	ebtor and rights to set	off claims

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Below Filed 07/19/17 Entered 07/19/17 16:27:35 Desc Main Document Page 8 of 34 Case number (if known) 17-41491-abf13

35. Any financial assets you did not already list

35. Any financial assets you did not already list ■ No			
Yes. Give specific information			
36. Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here			\$680.00
Part 5: Describe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	te in Part 1.	_
37. Do you own or have any legal or equitable interest in any business-relat	ted property?		
■ No. Go to Part 6.			
☐ Yes. Go to line 38.			
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interes	t In.	
46. Do you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
■ No. Go to Part 7.			
☐ Yes. Go to line 47.			
Part 7: Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
 53. Do you have other property of any kind you did not already list Examples: Season tickets, country club membership ☐ No ☐ Yes. Give specific information 	?		
Pending Social Security disability	claim		\$0.00
54. Add the dollar value of all of your entries from Part 7. Write the	nat number here		\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$220,000.00
56. Part 2: Total vehicles, line 5	\$3,500.00		Ψ220,000.00
57. Part 3: Total personal and household items, line 15	\$3,580.00		
58. Part 4: Total financial assets, line 36	\$680.00		
59. Part 5: Total business-related property, line 45	\$0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7: Total other property not listed, line 54	\$0.00		
62. Total personal property. Add lines 56 through 61	\$7,760.00	Copy personal property total	\$7,760.00
63. Total of all property on Schedule A/B . Add line 55 + line 62			\$227,760.00

Official Form 106A/B Schedule A/B: Property page 6

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		17(7(4))	<u> </u>	
Fill in this info	rmation to identify your	case:		
Debtor 1	Eric Eugene Knoll	Middle Name	Last Name	
Debtor 2	First Name	ivildule Marile	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT	OF MISSOURI	
Case number	17-41491-abf13			
(II KIIOWII)				

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the Proper	ty You Claim	as Exempt
---------	----------	------------	--------------	-----------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
608 Overlook Drive Raymore, MO 64083 Cass County	\$220,000.00		\$15,000.00	RSMo § 513.475
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2004 Toyota Tundra VS SR5 Double Cab 236,612+ miles	\$3,000.00		\$3,000.00	RSMo § 513.430.1(5)
VIN = 5TBDT441X45450883			100% of fair market value, up to any applicable statutory limit	
Wreck and not repaird (repair estimate was \$6,000)				
Line from Schedule A/B: 3.1				
1986 Sea Ray 16' boat with trailer Does not run - no motor (motor is torn	\$300.00		\$300.00	RSMo § 513.430.1(3)
down and needs lots of new parts), wood rot, etc.			100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 4.1				
2004 Unknown 6' x 12' utility trailer	\$200.00		\$200.00	RSMo § 513.440
			100% of fair market value, up to any applicable statutory limit	

Case 17-41491-btf13 Doc 20 Filed 07/19/17 Entered 07/19/17 16:27:35 Desc Main Page 10 of 34 Document Case number (if known) Eric Eugene Knoll 17-41491-abf13 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Household goods, furnishings, wall RSMo § 513.430.1(1) \$2,500.00 \$2,500.00 hangings, knick knacks, yard tools, and П 100% of fair market value, up to equipment, etc. Line from Schedule A/B: 6.1 any applicable statutory limit 3 TVs, laptop computer (6 years old), RSMo § 513.430.1(1) \$500.00 \$600.00 printer (old), DVD player, smart phone, surround sound system (8 years old), 100% of fair market value, up to etc. any applicable statutory limit Line from Schedule A/B: 7.1 3 TVs, laptop computer (6 years old), RSMo § 513.440 \$600.00 \$100.00 printer (old), DVD player, smart phone, surround sound system (8 years old), 100% of fair market value, up to etc. any applicable statutory limit Line from Schedule A/B: 7.1 Misc. fishing gear RSMo § 513.430.1(3) \$300.00 \$400.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Misc. fishing gear RSMo § 513.440 \$400.00 \$100.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Wearing apparel, clothing and shoes. RSMo § 513.440 \$75.00 \$75.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Misc. "other" jewelry RSMo § 513.430.1(2) \$5.00 \$5.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash on hand RSMo § 513.440 \$40.00 \$40.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit

Official Form 106C

(Local 101).

Checking: US Bank

Savings: US Bank

Line from Schedule A/B: 17.1

Line from Schedule A/B: 17.2

Line from Schedule A/B: 21.1

ERISA qualfied retirement through

Union of Operators and Engineers

\$600.00

\$40.00

\$0.00

RSMo § 513.440

RSMo § 513.440

11 USC § 541(c)(2), 11 USC §

513.430.1(10)(f), and RSMo §

522(b)(2)(A), RSMo §

513.430.1(10)(e).

\$600.00

\$40.00

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to

any applicable statutory limit

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Debtor 1	Eric Eugene Knoll	Document	Case number (if known)	17-41491-abf13	
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	ISA qualfied retirement through	\$0.00		11 USC § 541(c)(2), 11 USC § 522(b)(2)(A), RSMo §	
(Lo	Union of Operators and Engineers (Local 841 - Terre Haute, Indiana). Line from <i>Schedule A/B</i> : 21.2		■ 100% of fair market value, up to any applicable statutory limit	513.430.1(10)(f), and RSMo § 513.430.1(10)(e).	
	nding Social Security disability claim	\$0.00		RSMo § 513.430.1(10)(a)	
Line from Schedule A/B: 53.1		■ 100% of fair market value, up to any applicable statutory limit			

3.	Are you	claimi	ng a	nomestead	exemption	of more	than	\$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - □ No
 - ☐ Yes

		Document	Page 1	2 of 34	_	
Fill in this inform	mation to identify you	r case:				
Debtor 1	Eric Eugene Kno					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
-						
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT OF MIS	SSOURI			
Case number	17-41491-abf13					
(if known)					■ Check	if this is an
					amend	ded filing
Official Form	~ 106D					
Official Forn			•			
Schedule	D: Creditors	Who Have Claims	Secure	d by Property	<u>y </u>	12/15
	e Additional Page, fill it o	If two married people are filing toget out, number the entries, and attach i				
1. Do any creditors	s have claims secured by	your property?				
☐ No. Checl	k this box and submit th	nis form to the court with your othe	er schedules. \	ou have nothing else to	o report on this form.	
Yes. Fill in	n all of the information I	below.				
Part 1: List A	II Secured Claims					
		more than one secured claim, list the cr			Column B	Column C
		a particular claim, list the other credito cal order according to the creditor's nar		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	·	· ·		value of collateral.	claim	If any
2.1 Seterus, I		Describe the property that secures 608 Overlook Drive Raymore		\$178,500.00	\$220,000.00	\$0.00
Attn: Ban		64083 Cass County	, IVIO			
Departme	nt	As of the date you file, the claim is	* Cheek all that			
PO Box 10	-	apply.	• Check all that			
	CT 06143-1047	Contingent				
Number, Stree	t, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as	s mortgage or se	ecured		
Debtor 2 only		car loan)				
Debtor 1 and D		Statutory lien (such as tax lien, me	echanic's lien)			
_	the debtors and another	☐ Judgment lien from a lawsuit	4 - 4 15			
☐ Check if this c community de		Other (including a right to offset)	1st lien			
•						
Date debt was inc	urred 10/30/07	Last 4 digits of account nun	nber2322			
Add the dollar v	alue of your entries in C	olumn A on this page. Write that nur	mber here:	\$178,50	00.00	
		the dollar value totals from all pages	S.	\$178,50		
Write that numb	er nere:			Ψσ,σσ		
Part 2: List Ot	hers to Be Notified fo	r a Debt That You Already Lister	d			
trying to collect fr than one creditor	om you for a debt you o	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the addition is page.	in Part 1, and	then list the collection ag	gency here. Similarly, if	you have more
	nber, Street, City, State & 2	Zip Code	On wh	ich line in Part 1 did you e	nter the creditor? 2.1	
SouthLav 13160 Fo	w PC oster Street		Last 4	digits of account number		
Suite 100)		2431 4			
Overland	Park, KS 66213-266	60				

Case 17-41491-btf13 Doc 20 Filed 07/19/17 Entered 07/19/17 16:27:35 Desc Main

		Do	ocument	Page 13 of	34	=	
Fill in	n this information to identify your c	ase:					
Debto	or 1 Eric Eugene Knoll						
Dobit	First Name	Middle Name)	Last Name			
Debto							
(Spous	se if, filing) First Name	Middle Name		Last Name			
Unite	d States Bankruptcy Court for the:	WESTERN DIS	STRICT OF M	IISSOURI			
Case	number 17-41491-abf13						
(if know						■ Check	if this is an
							ded filing
]	g
Offic	cial Form 106E/F						
Sch	edule E/F: Creditors W	ho Have U	nsecure	d Claims			12/15
any ex Sched Sched left. At	complete and accurate as possible. Use ecutory contracts or unexpired leases a ule G: Executory Contracts and Unexpired leases and Executory Contracts and Unexpired In Executory Who Have Claims Secutach the Continuation Page to this page and case number (if known). List All of Your PRIORITY University Univ	that could result i red Leases (Offici ured by Property. e. If you have no i	n a claim. Also ial Form 106G) If more space i nformation to	o list executory contrac). Do not include any cro is needed, copy the Par	ets on Schedule A/B: editors with partially t you need, fill it out,	Property (Official For secured claims that a number the entries i	rm 106A/B) and on are listed in n the boxes on the
	o any creditors have priority unsecured						
	No. Go to Part 2.	,					
	Yes.						
id po Pa	ist all of your priority unsecured claims lentify what type of claim it is. If a claim has ossible, list the claims in alphabetical orde art 1. If more than one creditor holds a part For an explanation of each type of claim, so	s both priority and r r according to the c rticular claim, list th	nonpriority amore creditor's name. ne other creditor	ounts, list that claim here a . If you have more than tw is in Part 3.	and show both priority	and nonpriority amoun	its. As much as
,				,	Total claim	Priority	Nonpriority
2.1	Jadyn A Knoll	Last	4 digits of acco	ount number	\$900.00	amount \$900.00	amount \$0.00
	Priority Creditor's Name		+ digits or door		Ψ300.00	Ψ300.00	Ψ0.00
	835 Whitetail Court	Wher	n was the debt	incurred?		_	
	Junction City, KS 66441 Number Street City State Zlp Code		the date you f	file, the claim is: Check	all that apply		
,	Who incurred the debt? Check one.		ontingent	ine, the claim is. Oneck	ан шасарріу		
	■ Debtor 1 only		-				
	_	⊔ 0₁	nliquidated				
	Debtor 2 only	■ Di	isputed				
	Debtor 1 and Debtor 2 only	Туре	of PRIORITY u	unsecured claim:			
	\square At least one of the debtors and anothe	r 🔳 Do	omestic support	t obligations			
	☐ Check if this claim is for a commun	ity debt 🔲 Ta	axes and certair	n other debts you owe the	e government		
ı	Is the claim subject to offset?	□ cı	laims for death	or personal injury while ye	ou were intoxicated		
	■ No		ther. Specify				
	☐ Yes		(Ongoing support is during the summert		Does not owe	
Part 2	2: List All of Your NONPRIORIT	Y Unsecured CI	aims				
	o any creditors have nonpriority unsec						
	No. You have nothing to report in this pa	<u>-</u>	-	ith your other schedules.			
	Yes.						
ur	ist all of your nonpriority unsecured cla nsecured claim, list the creditor separately an one creditor holds a particular claim, lis	for each claim. Fo	r each claim list	ted, identify what type of	claim it is. Do not list cl	aims already included	in Part 1. If more

Total claim

Part 2.

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Debtor	1 Eric Eugene Knoll	Document	Page 14 of 34 Case number (if know)	17-41491-abf13
4.1	Price & Sons Funeral Home and Monument	Last 4 digits of acc	count number	\$6,960.37
	Nonpriority Creditor's Name 620 N Main Street Garden City, KS 67846	When was the deb	t incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you	file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIOR	RITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising report as priority cla	ng out of a separation agreement or divo ims	rce that you did not
	No	Debts to pension	or profit-sharing plans, and other similar	debts
	Yes	Other. Specify		
Part 3:	List Others to Be Notified About a De	ebt That You Already L	isted	
is tryi have	nis page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out	omeone else, list the orig at you listed in Parts 1 or	inal creditor in Parts 1 or 2, then list tl	ne collection agency here. Similarly, if you
	and Address	-	r Part 2 did you list the original creditor?	
	. Mills, Esq.	Line 4.1 of (Check one):	☐ Part 1: Creditors with P	iority Unsecured Claims
RAMS 607 N PO Bo	Seventh		■ Part 2: Creditors with No	onpriority Unsecured Claims
54.40	2,,	Last 4 digits of account nu	ımber	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				T	otal Claim
	6a.	Domestic support obligations	6a.	\$	900.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	900.00
				1	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	6,960.37
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	6,960.37

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Fill in this info	rmation to identify your	case:		
Debtor 1	Eric Eugene Knoll	No. 11 No.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT	OF MISSOURI	
Case number	17-41491-abf13			
(if known)				

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the cor, Street, City, State and ZIP Coo	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	011		21.1	710.0	_
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			_
		0001			
	City		State	ZIP Code	_
2.4	<u> </u>		<u> </u>		
∠.¬	Name				<u> </u>
	INAITIE				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				<u> </u>
	Number	Street			_
	MULLIDEL	Sueer			
	City		State	ZIP Code	_
	Only.		Ciaic	Zii 0000	

		Documer	nt Page 16 o	f 34	
Fill in this in	formation to identify your o	ase:			
Debtor 1	Eric Eugene Knoll				
5	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT O	F MISSOURI		
Case number (if known)	17-41491-abf13			■ Check if amende	this is an
Schedu	Form 106H le H: Your Code				12/15
people are fil ill it out, and	ing together, both are equa	Illy responsible for supplooxes on the left. Attach	ying correct informati	s complete and accurate as possible. If toon. If more space is needed, copy the Action this page. On the top of any Additional	dditional Page,
1. Do yo	u have any codebtors? (If y	ou are filing a joint case, d	o not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona,	the last 8 years, have you California, Idaho, Louisiana, o to line 3.			Y? (Community property states and territorington, and Wisconsin.) Yellong to the property states and territoring to the property states and territoring territoring to the property states and territoring t	es include
_	o to lifte 3. Did your spouse, former spou	se, or legal equivalent live	with you at the time?		
in line 2	again as a codebtor only if 6D), Schedule E/F (Official	that person is a guarante	or or cosigner. Make s	if your spouse is filing with you. List the sure you have listed the creditor on Sche 6G). Use Schedule D, Schedule E/F, or S	dule D (Official
	Jumn 1: Your codebtor ne, Number, Street, City, State and ZIF	Code		Column 2: The creditor to whom you Check all schedules that apply:	owe the debt
3.1 Nar	me			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line	
Nur City	mber Street	State	ZIP Code	_	
3.2				☐ Schedule D, line	
Nar	me			☐ Schedule E/F, line ☐ Schedule G, line ☐	
Nur	mber Street			- · · · · · · · · · · · · · · · · · · ·	

State

City

ZIP Code

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	in this information to identify your								
Del	btor 1 Eric Eugene	e Knoll			_				
	btor 2				_				
Uni	ited States Bankruptcy Court for th	e: WESTERN DISTRIC	T OF MISSOURI		_				
Cas	se number 17-41491-abf13					Check if this is	3:		
(If kr	nown)		_			■ An amend	ed filing		
						A supplen		ng postpetition ollowing date:	
	fficial Form 106l					MM / DD/	YYYY		
S	chedule I: Your Ind	come							12/15
atta	cha separate sheet to this form The state of the separate sheet to this form The state of the separate of the separate sheet to this form The state of the separate of the	. On the top of any additi							
١.	information.		Debtor 1			Debtor	2 or non-f	iling spouse	
	If you have more than one job, attach a separate page with	Employment status	☐ Employed ■ Not employed			☐ Emp	loyed employed		
	information about additional employers.	Occupation	. tet empleyed						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here?						
Pai	rt 2: Give Details About Mo	onthly Income							
spoi	imate monthly income as of the use unless you are separated.	date you file this form. If	,	·			·	•	J
	e space, attach a separate sheet t					,			,
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly over	rtime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0.00	\$	N/A	

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Deb	tor 1	Eric Eugene Knoll		Case	number (if known)	17-414	l91-abf13	
				For	Debtor 1	For Do	ebtor 2 or	
							ling spouse	
	Copy	y line 4 here	4.	\$_	0.00	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	N/A	
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ -	0.00	\$	N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependen		Ψ_	0.00	Ψ	IN/A	
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce		c	0.00	c	N 1/A	
	04	settlement, and property settlement.	8c.	\$_ \$	0.00	\$	N/A	
	8d. 8e.	Unemployment compensation Social Security	8d.	\$ _	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. e 8f.	\$_ \$	0.00	\$ \$	N/A N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
		Mother's Social Security benefits						
	8h.	Other monthly income. Specify: (net)	8h.+	_	700.00	+ \$	N/A	
		Short term disability (net)		\$_	1,400.62	\$	N/A	
		Anticipated union and Social Security disability benefits		\$	1,300.00	\$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,400.62	\$	N/A	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$_		3,400.62 + \$_		N/A = \$3	,400.62
11.	Inclu- other	e all other regular contributions to the expenses that you list in <i>Schedula</i> de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not eify:	r depend		•		hedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certains					12. \$3	,400.62
	_						Combine monthly i	
13.	Do y	ou expect an increase or decrease within the year after you file this form	1?					
		No. Yes Explain:						
		LES EXHAULT						

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Fill	in this informa	tion to identify yo	our case:					
Deb	otor 1	Eric Eugene	Knoll			Ch	eck if this is:	
							An amended filing	
Deb	otor 2					_	A supplement sho	wing postpetition chapter
(Sp	ouse, if filing)						13 expenses as of	the following date:
Unit	ted States Bankr	uptcy Court for the	: WESTE	ERN DISTRICT OF MISSO	OURI		MM / DD / YYYY	
Cas	se number 17	'-41491-abf13						
(If k								
O [,]	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/15
Debtor 2 Spouse, if filings								
			hold					
١.	•							
			_					
			ın a separ	ate nousehold?				
	=	-	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	hold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Do		■ Yes.				•	
	Do not state	tho						□ No
					Daughter		13 years	■ Yes
								□No
					Mother		86 years	■ Yes
								□No
								☐ Yes
								□ No
					-		<u> </u>	☐ Yes
3.			han 🔳	No				
	•			Yes				
Est exp	timate your ex penses as of a	penses as of ye	our bankr	uptcy filing date unless				
the	value of such	n assistance an					Your exp	penses
, 5.		- -,						
4.					Include first mortgage	4.	\$	0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.	\$	0.00
				upkeep expenses		4c.		75.00
_		owner's associat				4d.	· ·	0.00
5.	Additional n	nortgage paym	ents for yo	our residence , such as h	ome equity loans	5.	\$	0.00

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Debtor 1	Eric Eugene Knoll Ca	ase numb	per (if known)	17-41491-abf13
S. Utiliti	es:			
6a.	Electricity, heat, natural gas	6a.	\$	180.00
6b.	Water, sewer, garbage collection	6b.	\$	85.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other Specify Cable	6d.		80.00
	Cell phone	_	\$	85.00
Food	and housekeeping supplies	_ _{7.}	\$	500.00
	care and children's education costs	7. 8.	\$	25.00
		9.	·	
	ing, laundry, and dry cleaning			50.00
	onal care products and services	10.		25.00
	cal and dental expenses	11.	a	75.00
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	200.00
	t include car payments.	13.		
	tainment, clubs, recreation, newspapers, magazines, and books			25.00
	table contributions and religious donations	14.	\$	20.00
. Insur				
	t include insurance deducted from your pay or included in lines 4 or 20. Life insurance	150	c	0.00
		15a.		0.00
	Health insurance	15b.		0.00
	Vehicle insurance	15c.		146.00
	Other insurance. Specify:	15d.	\$	0.00
	5. Do not include taxes deducted from your pay or included in lines 4 or 20.		_	
	fy: Personal property taxes & licenses	16.	\$	40.00
	Iment or lease payments:		_	
	Car payments for Vehicle 1	17a.		0.00
	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
. Your	payments of alimony, maintenance, and support that you did not report as	_	_	
dedu	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	300.00
. Other	payments you make to support others who do not live with you.		\$	0.00
Speci	fy:	19.		
	real property expenses not included in lines 4 or 5 of this form or on Schedu	ule I: Yo	ur Income.	
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.		0.00
	: Specify: Miscellaneous	21.	· -	75.00
	• •		+\$	
Pet c	alt	- ,	- Ψ	35.00
. Calcı	late your monthly expenses			
	Add lines 4 through 21.		\$	2,021.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
			\$	2 024 00
22C. F	add line 22a and 22b. The result is your monthly expenses.		Φ	2,021.00
. Calcı	late your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,400.62
	Copy your monthly expenses from line 22c above.	23b.		2,021.00
		_0	*	2,021.00
23c.	Subtract your monthly expenses from your monthly income.			
_00.	The result is your <i>monthly net income</i> .	23c.	\$	1,379.62
	The second year monary meanings.			
	ou expect an increase or decrease in your expenses within the year after you			
	ample, do you expect to finish paying for your car loan within the year or do you expect your me			ase or decrease because of a
	cation to the terms of your mortgage?			

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Fill in this information to identify your case:					
Debtor 1	Eric Eugene Knoll				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT	OF MISSOURI		
Case number	17-41491-abf13				
(if known)					■ Check if this is an
					amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someone who i	s NOT an attorney to help you fill out bankrupt	ccy forms?
■ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct.	e read the summary and schedules filed with th	nis declaration and
X /s/ Eric Eugene Knoll	x	
Eric Eugene Knoll Signature of Debtor 1	Signature of Debtor 2	2
Date July 19, 2017	Date	

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	l in this infor	mation to identify you	case:			
De	btor 1	Eric Eugene Knol	Middle Name	Last Name		
	btor 2					
(Sp	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States B	ankruptcy Court for the:	WESTERN DISTRICT O	F MISSOURI		
Ca	se number	17-41491-abf13				
(if k	nown)					Check if this is an mended filing
St	atemen			duals Filing for B	ankruptcy	4/16
info	rmation. If i		attach a separate sheet to		additional pages, write you	
Pa	rt 1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	ur current marital statu	ıs?			
	☐ Marrie ■ Not ma					
2.	During the	last 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	ist all of the places you l	ived in the last 3 years. Do n	ot include where you live now	' .	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes. M	lake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Expla	ain the Sources of You	r Income			
4.	Fill in the to	tal amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?
	□ No ■ Yes. F	ill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
				exclusions)		and exclusions)
		1 of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$3,868.66	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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		Document	1 446 23 01	JT	
Debtor 1	Eric Eugene Knoll		9	Case number (if known)	17-41491-abf13

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.		income e deductions and ions)	Sources of inco		Gross income (before deductions and exclusions)
	r last calen nuary 1 to		er 31, 2016)	■ Wages, commissions, bonuses, tips		\$57,825.00	☐ Wages, combonuses, tips	missions,	
				☐ Operating a business			☐ Operating a b	ousiness	
			pefore that: er 31, 2015)	■ Wages, commissions, bonuses, tips		\$39,546.00	☐ Wages, components	missions,	
				☐ Operating a business			☐ Operating a b	ousiness	
5.	Include include and other winnings. List each s	come rega public ber If you are	ardless of wheth nefit payments; filing a joint cas d the gross inco	e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	amples of rest; divide you receiv	other income are a ends; money collected together, list it o	ted from lawsuits; inly once under De	oyalties; and btor 1.	
				Dahtan 4			Dahtan 0		
				Debtor 1 Sources of income Describe below.	each s	income from source e deductions and ions)	Debtor 2 Sources of inco Describe below.	ome	Gross income (before deductions and exclusions)
			rent year until ankruptcy:	Unemployment benefits		\$2,560.00			
				Short Term Disability benefits		\$4,250.00			
	r last calen nuary 1 to		er 31, 2016)	Unemployment benefits		\$1,634.00			
Pa	rt 3: List	t Certain I	Payments You	Made Before You Filed for I	Bankrupt	cy			
6.	Are either	r Debtor 1 Neither	's or Debtor 2' Debtor 1 nor D	s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol	r debts? umer deb	ts. Consumer debts	s are defined in 11	U.S.C. § 101	(8) as "incurred by an
		During th	•	re you filed for bankruptcy, di	id you pay	any creditor a tota	l of \$6,425* or mor	e?	
		□ Yes	paid that cre	each creditor to whom you pai editor. Do not include paymen payments to an attorney for th	nts for don	nestic support oblig			
		* Subje		on 4/01/19 and every 3 years			or after the date of	adjustment.	
	Yes.			r both have primarily consure you filed for bankruptcy, di			l of \$600 or more?		
		■ No.	Go to line 7						
		□ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.					
	Creditor'	s Name a	nd Address	Dates of payme	ent	Total amount	Amount you	Was this p	ayment for

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7.	Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their voting	rships of whi	ich you are a gener and any managing a	al partner; corporations agent, including one for
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y		this payment
3.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost		ments or transfer a	ny property	on account of a d	ebt that benefited an
	No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y		this payment ditor's name
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title	Nature of the case	Court or agency		Status of the	ne case
	Case number					
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, fo	oreclosed, g	jarnished, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property			Date	Value of the property
		Explain what happened	I			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.	ause you owed a debt?				amounts from your
	Creditor Name and Address	Describe the action the	creditor took		Date action was taken	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an ■ No ■ Yes		erty in the possessi			efit of creditors, a
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts	s with a total value	of more tha	n \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts			Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:					

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Del	btor 1 Eric Eugene Knoll	Case number	(if known) 17-41491-	abf13
4.	Within 2 years before you filed for bankruptcy, ■ No □ Yes. Fill in the details for each gift or contribu	did you give any gifts or contributions with a totation.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Par	rt 6: List Certain Losses			
5.	Within 1 year before you filed for bankruptcy or gambling? ■ No □ Yes. Fill in the details.	r since you filed for bankruptcy, did you lose any	thing because of the	it, fire, other disaster
	how the loss occurred Includ	ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
6.	consulted about seeking bankruptcy or prepar	did you or anyone else acting on your behalf pay or ing a bankruptcy petition? ers, or credit counseling agencies for services require		rty to anyone you
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	The Law Offices of Tracy L. Robinson, LC 818 Grand Blvd., Suite 505 Kansas City, MO 64106	See Rule 2016(b) Statement		\$0.00
	Black Hills Children's Ranch, Inc. 1644 Concourse Drive Rapid City, SD 57703	Pre-filing Certificate	5/26/17	\$50.00
 7 .	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list		or transfer any prope	rty to anyone who

No

Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property transferred

Date payment or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No.

Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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		Dogamon		9 '
Dobtor 1	Fria Fugana Maall		•	Case number (if known)
Debioi i	Eric Eugene Knoll			Jase Hullibel (# known)

19.	Within 10 years before y beneficiary? (These are			iny property to a	a self-settle	ed trust or similar device	∍ of whic	h you are a
	■ No□ Yes. Fill in the detail	S.						
	Name of trust		Description and	value of the pro	perty tran	sferred	Date made	Transfer was
Pa	rt 8: List of Certain Fin	ancial Accounts, Inst	ruments, Safe Depos	sit Boxes, and S	torage Uni	ts		
20.	Within 1 year before you sold, moved, or transfel Include checking, savin houses, pension funds,	rred? gs, money market, or	other financial acco	unts; certificate	s of depos	•	•	,
	No							
	Yes. Fill in the deta	ils.						
	Name of Financial Insti Address (Number, Street, C Code)		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	befo	Last balance ore closing or transfer
21.	Do you now have, or did cash, or other valuables	,	ar before you filed fo	or bankruptcy, a	ny safe de	posit box or other depo	sitory fo	r securities,
	■ No							
	Yes. Fill in the deta	ils.						
	Name of Financial Insti Address (Number, Street, C		Who else had ac Address (Number, State and ZIP Code)		Describe	the contents		you still ve it?
22.	■ No		place other than you	ur home within	1 year befo	re you filed for bankrup	tcy?	
	Yes. Fill in the deta						_	
	Name of Storage Facili Address (Number, Street, C	•	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents		you still ve it?
Pa	rt 9: Identify Property	You Hold or Control fo	or Someone Else					
23.	Do you hold or control a for someone.	any property that som	eone else owns? Inc	lude any prope	rty you boı	rowed from, are storing	for, or h	old in trust
	■ No	_						
	☐ Yes. Fill in the deta	ails.						
	Owner's Name Address (Number, Street, C	ity, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property		Value
Pa	rt 10: Give Details Abou	ıt Environmental Infor	mation					
For	the purpose of Part 10, t	he following definition	ns apply:					
	Environmental law mea toxic substances, waste regulations controlling	es, or material into the	air, land, soil, surfa	ce water, groun				
	-	n, facility, or property a	as defined under any		law, wheth	ner you now own, opera	te, or uti	lize it or used

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 Eric Eugene Knoll

24.	Has any governmental unit notified you that you	ou may be liable or potentially liable u	nder or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of an			
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admin	nistrative proceeding under any enviro	onmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Co	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy	, did you own a business or have any	of the following connections to any	business?
	☐ A sole proprietor or self-employed in a	a trade, profession, or other activity, e	ither full-time or part-time	
	☐ A member of a limited liability compan	y (LLC) or limited liability partnership	(LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing exec	utive of a corporation		
	☐ An owner of at least 5% of the voting of	or equity securities of a corporation		
	■ No. None of the above applies. Go to Par	t 12.		
	☐ Yes. Check all that apply above and fill in	the details below for each business.		
		Describe the nature of the business	Employer Identification number	
	Address (Number, Street, City, State and ZIP Code)	lame of accountant or bookkeeper	Do not include Social Security r	number or ITIN.
28.	Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.	, did you give a financial statement to	anyone about your business? Inclu	de all financial
	■ No □ Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

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Debtor 1 Eric Eugene Knoll

Part 12: Sign Below		
are true and correct. I understand that ma	t of Financial Affairs and any attachments, and I deciking a false statement, concealing property, or obta up to \$250,000, or imprisonment for up to 20 years,	nining money or property by fraud in connection
/s/ Eric Eugene Knoll		
Eric Eugene Knoll	Signature of Debtor 2	
Signature of Debtor 1		
Date July 19, 2017	Date	
Did you attach additional pages to <i>Your</i> S	tatement of Financial Affairs for Individuals Filing fo	or Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you pay or agree to pay someone who	is not an attorney to help you fill out bankruptcy fo	orms?
■ No		
☐ Yes. Name of Person Attach the	Bankruptcy Petition Preparer's Notice, Declaration, and	Signature (Official Form 119).

Fill in this inform	nation to identify your case:		
Debtor 1	Eric Eugene Knoll		
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the: Western District of Missouri			
Case number (if known)	17-41491-abf13		

Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Alimeny and maintenance nayments. Do not include nayments from a chause if

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 644.78 \$ payroll deductions).

3.	Column B is filled in.	e payments tr	om a spo		\$ 0.00	\$
4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Include reg old, your depe spouse only if	ular cont ndents, p	ributions arents, B is not	\$ 0.00	\$
5.	Net income from operating a business, profession, or farm	Debtor 1				
	Gross receipts (before all deductions)	\$ 0.	00			
	Ordinary and necessary operating expenses	- \$ 0.	00			
	Net monthly income from a business, profession, or fa	arm \$0.	00 Cop	y here -> 9	\$ 0.00	\$
6.	Net income from rental and other real property	Debtor 1				
	Gross receipts (before all deductions)	\$ 0.	00_			
	Ordinary and necessary operating expenses	- \$ 0.	00_			
	Net monthly income from rental or other real property	\$ 0.	00 Cop	y here -> S	\$ 0.00	\$

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Net monthly income from rental or other real property

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Eric Eugene Knoll 17-41491-abf13 Case number (if known) Debtor 1 Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 533.33 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Short term disability 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 1.886.44 + \$ 1,886.44 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 1,886.44 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 1,886.44 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 1,886.44 15a. Copy line 14 here=>____ Multiply line 15a by 12 (the number of months in a year). **x** 12 22,637.28 15b. The result is your current monthly income for the year for this part of the form.

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Debte	or 1	Eric E	Eugene Knoll		Case number (if known)	17-41491-abf13
16	. Cal	culate t	the median family income that applies to	you. Follow these steps:		
	16a	. Fill in	the state in which you live.	MO		
	16b	. Fill in	the number of people in your household.	3		
	16c	. Fill in t	the median family income for your state and	size of household.		\$ 65,260.00
			d a list of applicable median income amount ctions for this form. This list may also be ava	s, go online using the link	specified in the separate	·
17	. Hov		e lines compare?	mable at the barmaptey o	iones sinos.	
	17a	. •	Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do			
	17b	. 🗆	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Disposa		
Par	t 3:	Cald	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Cop	y your	total average monthly income from line	11		\$1,886.44
19.	con	tend tha	e marital adjustment if it applies. If you are at calculating the commitment period under acome, copy the amount from line 13.			pur
	19a	. If the i	marital adjustment does not apply, fill in 0 or	line 19a.		-\$0.00
	19b	. Subtr	act line 19a from line 18.			\$1,886.44
20	Cal	ouloto :	your ourrent menthly income for the year	Follow those stone:		
20.			your current monthly income for the year line 19b			_{\$} 1,886.44
	200		bly by 12 (the number of months in a year).			···········
		wanp	ny by 12 (the humber of months in a year).			x 12
	20b	. The re	esult is your current monthly income for the	ear for this part of the for	m	\$ 22,637.28
	20c	. Copy	the median family income for your state and	size of household from li	ne 16c	\$ 65,260.00
	21	How o	do the lines compare?			
	۷1.	_				
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court,	on the top of page 1 of this f	form, check box 3, <i>The commitment</i>
			Line 20b is more than or equal to line 20c. U	nless otherwise ordered b	by the court, on the top of pa	ge 1 of this form, check box 4, The
Par	t 4:	Sign	n Below			
	By s	signing	here, under penalty of perjury I declare that	the information on this sta	atement and in any attachm	ents is true and correct.
>	(/s/	Eric E	Eugene Knoll			
			ene Knoll of Debtor 1			
			19, 2017			
		MM /	/DD /YYYY			
	-		ked 17a, do NOT fill out or file Form 122C-2		at form as a second sec	anthly income from the 4.4 stress
	ıī yc	u cnec	ked 17b, fill out Form 122C-2 and file it with	uns ioim. On line 39 of th	iai ioiiii, copy your current n	ionully income from line 14 above.

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United States Bankruptcy Court Western District of Missouri

		_	Western District o	f Missouri		
In	re	Eric Eugene Knoll	Debtor		Case No. Chapter	17-41491-abf13
		<u>C1</u>	HAPTER 13 PLAN	- AMENDED		
1.		yments to the Trustee: The future earning trustee. The Debtor (or the Debtor's em				
	Tot	tal of plan payments: \$75,625.00				
2.	<u>Pla</u>	n Length: This plan is estimated to be for	r 55 months.			
3. Allowed claims against the Debtor shall be paid in accordance with the provisions of the Bankruptcy Code ar				cy Code and this Plan.		
	a.	Secured creditors shall retain their mounderlying debt determined under nonlinear their mounderlying debt debt debt debt debt debt debt debt				
	b.	Creditors who have co-signers, co-munder 11 U.S.C. § 1301, and which are which is due or will become due during claim to the creditor shall constitute fu	separately classified and g the consummation of t	shall file their claim he Plan, and paymen	ns, including the a	ng all of the contractual interest mount specified in the proof of
	c.	All priority creditors under 11 U.S.C. §	507 shall be paid in full	in deferred cash pay	ments.	
4. From the payments received under the plan, the trustee shall make disbursements as follows:						
	 a. Administrative Expenses (1) Trustee's Fee: 8.00% (2) Attorney's Fee (unpaid portion): \$3,300.00 to be paid through plan in monthly payments (3) Filing Fee (unpaid portion): NONE 					
	b.	Priority Claims under 11 U.S.C. § 507				
		(1) Domestic Support Obligations				
		(a) Debtor is required to pay all po	st-petition domestic supp	ort obligations direc	tly to the	holder of the claim.
		(b) The name(s) and address(es) o 101(14A) and 1302(b)(6).	f the holder of any domes	tic support obligatio	n are as fo	ollows. See 11 U.S.C. §§
		-NONE-				
		(c) Anticipated Domestic Support under 11 U.S.C. § 507(a)(1) will be time as claims secured by personal leases or executory contracts.	e paid in full pursuant to	11 U.S.C. § 1322(a)	(2). These	claims will be paid at the same
		Creditor (Name and Address) -NONE-	Estima	ated arrearage claim	Pro	jected monthly arrearage payment
		(d) Pursuant to §§ 507(a)(1)(B) an to, or recoverable by a governmen		ng domestic support	obligation	claims are assigned to, owed
		Claimant and proposed treatr	nent: -NONE-			
		(2) Other Priority Claims.				

Name

Interest Rate (If specified)

Amount of Claim

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Name Amount of Claim Interest Rate (If specified)

Jadyn A Knoll 900.00 0.00%

c. Secured Claims

(1) Pre-Confirmation Adequate Protection Payments. Pre-confirmation adequate protection payments to the following Creditors holding allowed claims secured by a purchase money security interest in personal property shall be paid by the Trustee through the plan as provided below. Adequate protection payments shall not accrue or be paid until the Creditor files a proof of claim. The principal amount of the Creditor's claim shall be reduced by the amount of the adequate protection payments remitted.

Name Description of Collateral Pre-Confirmation Monthly Payment

-NONE-

(2) Secured Debts Which Will Not Extend Beyond the Length of the Plan

(a) Secured Claims Subject to Valuation Under § 506. The Debtor moves the Court to value collateral as follows according to 11 U.S.C. § 506(a). Each of the following secured claims, if allowed, shall be paid through the plan in equal monthly payments set forth below, until the secured value or the amount of the claim, whichever is less, has been paid in full. Any remaining portion of the allowed claim shall be treated as a general unsecured claim. Any claim with a secured value of \$0 shall be treated as a general unsecured claim.

Proposed Amount of
Name Allowed Secured Claim Monthly Payment Interest Rate (If specified)

-NONE-

(b) Secured Claims Not Subject to Valuation Under § 506. Each of the following claims, if allowed, shall be paid through the plan in equal monthly payments set forth below, until the amount of the claim as set forth in the Creditor's proof of claim has been paid in full.

Proposed Amount of
Name Allowed Secured Claim Monthly Payment Interest Rate (If specified)

-NONE-

(3) Secured Debts Which Will Extend Beyond the Length of the Plan

Name Amount of Claim Monthly Payment Interest Rate (If specified)
Seterus, Inc 169,500.00 1,024.43 0.00%

d. Unsecured Claims

(1) Special Nonpriority Unsecured: Debts which are co-signed or are non-dischargeable shall be paid in full (100%).

Name Amount of Claim Interest Rate (If specified)

-NONE-

(2) General Nonpriority Unsecured: Other unsecured debts shall be paid 0 cents on the dollar and paid pro rata, with no interest if the creditor has no Co-obligors, provided that where the amount or balance of any unsecured claim is less than \$10.00 it may be paid in full.

5. The Debtor proposes to cure defaults to the following creditors by means of monthly payments by the trustee:

Creditor Amount of Default to be Cured Interest Rate (If specified)
Seterus, Inc 9,000.00 0.00%

6. The Debtor shall make regular payments directly to the following creditors:

Name Amount of Claim Monthly Payment Interest Rate (If specified)

-NONE-

7. The employer on whom the Court will be requested to order payment withheld from earnings is: NONE. Payments to be made directly by debtor without wage deduction.

8. The following executory contracts of the debtor are rejected:

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	Other Party -NONE-		Description of Contract or Lease				
9. Proper	rty to Be Surrendered to Secured Creditor						
	Name -NONE-	Amou	nt of Claim	Description of Property			
10. The fo	The following liens shall be avoided pursuant to 11 U.S.C. § 522(f), or other applicable sections of the Bankruptcy Code:						
	Name -NONE-	Amou	nt of Claim	Description of Property			
11. Title to the Debtor's property shall revest in debtor on confirmation of a plan.							
12. As used herein, the term "Debtor" shall include both debtors in a joint case.							
13. Other Provisions:							
Date Jul	y 19, 2017	Signature	/s/ Eric Eugene Eric Eugene Kno Debtor				